

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12	/	/					62						
13	/	/					63						
14	/	/					64						
15	/	/					65						
16	/	/					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
20	/	/					70						
21	/	/					71						
22	/	/					72						
23	/	/					73						
24	/	/					74						
25	/	/					75						
26	/	/					76						
27	/	/					77						
28	/	/					78						
29	/	/					79						
30	/	/					80						
31	/	/					81						
32	/	/					82						
33	/	/					83						
34	/	/					84						
35	/	/					85						
36	/	/					86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40	/	/					90						
41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.	3	1					TOTAL IND.						
TOTAL DEP.	1	1					TOTAL DEP.						
TOTAL CLAIMS	4	2					TOTAL CLAIMS						